PATENT APPLICATION FEE DETERMINATION RECORD Effective November 10, 1998

Application or Docket Number

99/463146

| _ | | | | | | | | | | | |
|--|--|------------------------------------|-------------------------|-------|--|------------------|---------------------|------------------------|-------------------------------|---------------------|------------------------|
| CLAIMS AS FILED - PART I (Column 1) (Column 2) | | | | | | | SMALL ENTITY TYPE | | OTHER THAN OR SMALL ENTITY | | |
| FOR | | | UMBER FILI | ED | NUMBER | EXTRA | RATE | FEE | 7 | RATE | FEE/ |
| BASIC FEE | | | | | | | | 380.00 | OR | | 769.00 |
| TOTAL CLAIMS minus 20= * | | | | | | X\$ 9= | | OR | X\$18= 1 | | |
| NDEPENDENT CLAIMS minus 3 = * | | | | | | X39= | | OR | X78= | | |
| MULTIPLE DEPENDENT CLAIM PRESENT | | | | | | | +130= | | OR | | |
| If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | | | | | OR | TOTAL | 011 |
| CLAIMS AS AMENDED - PART II | | | | | | | TOTAL | | ٠ | OTHER | |
| _ | | (Colum | | · (| Column 2) HIGHEST | (Column 3) | SMALL | | OR | SMALL | |
| | | REMAIN AFTE AMENDA | IING R | F | NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | . 10 | ·· Minus | 44 | 16) | • | X\$ 9= | | OR | X\$18= | |
| | Independent | . 7 | Minus | | * 3 | = | X39= | | OR | X78= | |
| _ | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | | 1 | | |
| | | grammation & | ng general agent in the | | | | +130= | | OR | +260= TOTAL | |
| | 6/14/0 | / //Colum | | | Column 2) | (Column 3) | ADDIT. FEE | | OR | ADDIT. FEE | |
| | | CLAIM REMAIN AFTE AMENDA | IING R | P | HIGHEST NUMBER REVIOUSLY PAID FOR | PRESENT EXTRA | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | . / | Minus | *** | 20 | - / | X\$ 9= | | OR | X\$18= | |
| | independent | • | Minus | | | -/. | X39= | : | OR | X78= | |
| ل | FIRST PRESE | NIATION | OF MULTIPLE | DEPEN | DENI CLAIM | | +130= | | OR | +260= | · |
| •. | • | • | | | · . | • | TOTAL ADDIT. FEE | | OR | TOTAL ADDIT, FEE | |
| | | (Colum | n 1) | . ((| Column 2) | (Column 3) | | | | - | |
| | an Talah a da a | CLAIM REMAIN AFTEI AMENDM | IS ING R | P | HIGHEST NUMBER REVIOUSLY PAID FOR | PRESENT EXTRA | RATE | ADDI- TIONAL FEE | , | RATE | ADDI- TIONAL FEE |
| | Total : | • | Minus | ** | | 2 | X\$ 9= | | OR | X\$18= | |
| | Independent | • | Minus | ** | * | ۵. | X33= | · - | | X79= | |
| | FIRST PRESE | NTATION | OF MULTIPLE | DEPEN | DENT CLAIM | ••• | 1,200 | | OR | 7,37 | |
| | the entry in colu | | the side and the | | | humo 3 | +130= | | OR | +260= | |
| 44 | | TUT 7 90 1000 | man mai ontri il | | | willij. i | TOTAL | | OR | - TOTAL | |